|  |  |
| --- | --- |
| Department |  |
| Division/Component: |  |
| Date: |  |
| Prior ADN(s): |  |

**Position Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PCN**  **or Tracking number** | **Position Title** | **Range** | **Location** | **Position Type (FT, PT, NP)** | **Vacant or Filled** | **Start Date** | **End Date** |
| Current Status |  |  |  |  |  |  |  |  |
| Requested Change |  |  |  |  |  |  |  |  |

**Action(s) Requested:**

|  |  |
| --- | --- |
| **OMB Approval required**\*\*\***:**  Establish new permanent position  Reclassification up of three (3) or more ranges  Location change to or from Juneau  Position transfer between departments  Establish new temporary exempt position under  AS 39.25.110(9)  Extend temporary exempt position under  AS 39.25.110(9)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position Status: (check one)  Classified  Partially exempt  Fully exempt  For exempt and partially exempt position(s), cite the statute or action that authorizes the position:  Statute AS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Administrative Service Director or Commissioner Approval required**\*\*\***:**  Establish new non-permanent position greater than  120 days (90 days for SU)  \*Extend expiration date of non-permanent position\*\*  Reclass existing permanent position two-range  increase or less  Duty station location change other than to or from  Juneau  Delete position  Position Type Change (aka time status)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* The department must document the business reason why an extension is necessary.

\*\* Non-permanent positions may not be reclassified.

\*\*\* Not necessary for Trin/Trout or Atrin/Atrout transactions

**Position Costs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ABS Fund Code** | **Fund Name** | **Current Cost** | **Projected Cost** | **Difference** |
|  |  |  |  |  |
|  |  |  |  |  |

* Is sufficient funding available in the current budget authorization?

Yes No

Explain:

* Is there a change in the geographic differential associated with this request?

Yes No

What is the percentage increase/decrease?

* If deletion, how will the department use the budgeted funds for this position?

**This request is a part of:**

|  |  |
| --- | --- |
| Authorized scenario  Management Plan scenario  Governor scenario | Governor Amended scenario  Other |

1. **Why is this request necessary?**
2. **How will the existing workload change if this request is approved?**
3. **What will happen if this request is denied?**
4. **Is this position change reflected in the personal services module?**

Yes, reflected in current statewide Management Plan scenario.

Yes, reflected in current statewide Governor scenario.

No, will be reflected in the next scenario.

No, will not be budgeted in ABS. Reason:

1. **If extending a non-permanent position expiration date, how many times has this position been extended?**
2. **How many positions have been vacant for one year or longer in the department?**
3. **Why is reclassification of an existing position not an option?**

Department/Agency Approval\*\*\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Date Printed Name

(No standing delegation.)

|  |
| --- |
| OMB Approval\*\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date |

\*\*\* Refer to the RP Manual

Documentation attached that supports request, as applicable:

* ABS – Change Record Detail with Description
* ABS – Personal Services Detail for PCN
* Any prior related approval memos/forms
* Copy of temporary delegation if signed by other than the Department Commissioner or ASD
* Division of Personnel and Labor Relations Online Position Description (OPD) current position information and position history printout
* Enacted Fiscal Note authorizing position
* Organizational Chart – showing changes from current to proposed

Other attachments as applicable:

* ABS – Capital Project Summary if funded by CIP receipts
* ABS – Personal Services Position Counts by All Locations (136) report (department)
* ABS – Personal Services Vacant PCN (1087) report – one year range report (department)